

<i>SERFF Tracking Number:</i>	<i>MAXA-125915318</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Max America Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>MA-NIM-2008-106-AF (AR)</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Non-Filed Inland Marine Submission</i>		
<i>Project Name/Number:</i>	<i>Non-Filed Inland Marine New Program Submission/MA-NIM-2008-106-AF (AR)</i>		

Filing at a Glance

Company: Max America Insurance Company

Product Name: Non-Filed Inland Marine

SERFF Tr Num: MAXA-125915318 State: Arkansas

Submission

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: #? \$50

Sub-TOI: 09.0005 Other Commercial Inland Marine

Co Tr Num: MA-NIM-2008-106-AF (AR) State Status: Fees verified

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Author: Jennifer Waldron

Disposition Date: 11/24/2008

Date Submitted: 11/24/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 11/24/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):
11/24/2008

State Filing Description:

General Information

Project Name: Non-Filed Inland Marine New Program Submission

Status of Filing in Domicile: Not Filed

Project Number: MA-NIM-2008-106-AF (AR)

Domicile Status Comments: Exempt from filing requirements in Indiana.

Reference Organization: AAIS

Reference Number: None

Reference Title: n/a

Advisory Org. Circular: n/a

Filing Status Changed: 11/24/2008

State Status Changed: 11/24/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Enclosed please find the Company's Non-Filed Inland Marine Program Form filing. This filing represents a new filing for the Company and does not replace any currently filed forms. A letter permitting Westmont Associates, Inc. to submit this filing on the Company's behalf is enclosed.

The Company is filing to adopt all Non-Filed Inland Marine AAIS forms, as well as any subsequent revisions to said

<i>SERFF Tracking Number:</i>	<i>MAXA-125915318</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Non-Filed Inland Marine New Program Submission/MA-NIM-2008-106-AF (AR)</i>		

forms. Enclosed is the Company's AAIS Filing Authorization Notification for your reference.

In addition, the Company is filing the attached independent declarations page and policy jacket for your review. Please note that the Company intends to use the ACORD application forms for this program.

Finally, the Company is submitting the attached terrorism selection/rejection forms.

Please note that the corresponding rates and rules are exempt from filing requirements in the state.

Your approval and/or acknowledgement of this submission is respectfully requested, with the earliest permissible effective date. Thank you for your attention to this matter.

Company and Contact

Filing Contact Information

Jennifer Waldron, Supervisor	JenB@westmontlaw.com
25 Chestnut Street	(856) 216-0220 [Phone]
Haddonfield, NJ 08033	(856) 216-0303[FAX]

Filing Company Information

Max America Insurance Company	CoCode: 21296	State of Domicile: Indiana
9020 Stony Point Parkway	Group Code: 4363	Company Type:
Suite 325		
Richmond, VA 23235	Group Name:	State ID Number:
(215) 706-6320 ext. [Phone]	FEIN Number: 35-0293730	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Standard Filing Fee for Forms
Per Company:	No

SERFF Tracking Number: *MAXA-125915318* *State:* *Arkansas*
Filing Company: *Max America Insurance Company* *State Tracking Number:* *#? \$50*
Company Tracking Number: *MA-NIM-2008-106-AF (AR)*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0005 Other Commercial Inland Marine*
Product Name: *Non-Filed Inland Marine Submission*
Project Name/Number: *Non-Filed Inland Marine New Program Submission/MA-NIM-2008-106-AF (AR)*

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
31597	\$50.00	11/21/2008

<i>SERFF Tracking Number:</i>	<i>MAXA-125915318</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Max America Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>MA-NIM-2008-106-AF (AR)</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Non-Filed Inland Marine Submission</i>		
<i>Project Name/Number:</i>	<i>Non-Filed Inland Marine New Program Submission/MA-NIM-2008-106-AF (AR)</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/24/2008	11/24/2008

<i>SERFF Tracking Number:</i>	<i>MAXA-125915318</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Max America Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
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<i>Product Name:</i>	<i>Non-Filed Inland Marine Submission</i>		
<i>Project Name/Number:</i>	<i>Non-Filed Inland Marine New Program Submission/MA-NIM-2008-106-AF (AR)</i>		

Disposition

Disposition Date: 11/24/2008

Effective Date (New): 11/24/2008

Effective Date (Renewal): 11/24/2008

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent.

Rate data does NOT apply to filing.

SERFF Tracking Number: MAXA-125915318 State: Arkansas

Filing Company: Max America Insurance Company State Tracking Number: #? \$50

Company Tracking Number: MA-NIM-2008-106-AF (AR)

TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: Non-Filed Inland Marine Submission

Project Name/Number: Non-Filed Inland Marine New Program Submission/MA-NIM-2008-106-AF (AR)

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	AAIS Filing Authorization Notification	Approved	Yes
Supporting Document	Forms Listing	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Form	Inland Marine Policy Declarations	Approved	Yes
Form	Inland Marine Policy Jacket	Approved	Yes
Form	Policyholder Disclosure Notice of Terrorism Insurance Coverage	Approved	Yes
Form	Policyholder Disclosure Notice of Terrorism Insurance Coverage (TRIA Included)	Approved	Yes

SERFF Tracking Number: MAXA-125915318 State: Arkansas

Filing Company: Max America Insurance Company State Tracking Number: #? \$50

Company Tracking Number: MA-NIM-2008-106-AF (AR)

TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: Non-Filed Inland Marine Submission

Project Name/Number: Non-Filed Inland Marine New Program Submission/MA-NIM-2008-106-AF (AR)

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Inland Marine Policy Declarations	IMPMAC	11/08	Declaration	New s/Schedule		0.00	IMP Policy Dec IMPMADEC 11-08 no sig.pdf
Approved	Inland Marine Policy Jacket	JACMAC	11/08	Other	New		0.00	Max America Inland Jacket _2_.pdf
Approved	Policyholder Disclosure Notice of Terrorism Insurance Coverage	MXA100	10/08	Disclosure/	New Notice		0.00	MXA100 - 10-08 - ACCEPT-REJECT TRIA.pdf
Approved	Policyholder Disclosure Notice of Terrorism Insurance Coverage (TRIA Included)	MXA101	10/08	Disclosure/	New Notice		0.00	MXA101 - 10-08 - COVERAGE ACCEPTANCE CONFIRM TRIA.pdf



Max America Insurance Company

A Stock Company, Indianapolis, Indiana

INLAND MARINE POLICY DECLARATIONS

POLICY NUMBER:

POLICY PERIOD:

This Policy becomes effective and expires at 12:01 a.m. Standard Time at Your Mailing Address Shown Below.

NAMED INSURED & MAILING ADDRESS:

PRODUCER NAME & MAILING ADDRESS:

IN RETURN FOR PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS ONLY OF THE FOLLOWING DECLARATION(S) AND COVERAGE(S) FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

PREMIUM:

COVERAGE PART \$ _____

COVERAGE PART \$ _____

() Premium charge for coverage of certified acts of terrorism. \$ _____
(Per Policyholder Disclosure TRIA Attached)

() Coverage for certified acts of terrorism has been rejected; exclusion attached.
(Per Policyholder Disclosure TRIA Attached)

State Specific Assessments/Surcharges (if applicable): \$ _____

TOTAL PREMIUM PAYABLE AT INCEPTION \$ _____

OTHER ENDORSEMENTS MADE A PART OF THIS POLICY AT TIME OF ISSUE:

Date Issued:

Issuing Office:

Authorized Representative: _____

IM Policy Declarations

Page 1 of 1

IMPMADDEC 11/08



Max America Insurance Company

A Stock Company, Indianapolis, Indiana
9020 Stony Point Parkway, Suite 325
Richmond, VA 23235

Marine Division

INLAND MARINE POLICY NUMBER: MAX

Issued To

In Partnership With

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

Corporate Secretary

President



**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as *defined in Section 102(1) of the Act*. The term “act of terrorism” means any act that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

<input type="radio"/>	I hereby elect to purchase terrorism coverage for a prospective premium of \$_____.
<input type="radio"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

_____ Policyholder/Applicant's Signature	_____ MAX AMERICA INSURANCE COMPANY Insurance Company
_____ Print Name	_____ Policy Number / Effective Date
_____ Date Signed	



**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**
(TRIA Included)

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is _____ and does not include any charges for the portion of losses covered by the United States government under the Act.

THE PURPOSE OF THIS DISCLOSURE IS TO NOTIFY YOU THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER YOUR POLICY COVERAGE MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT, MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE YOUR COVERAGE AND YOU HAVE BEEN NOTIFIED OF THE PORTION OF YOUR PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

Policyholder/Applicant's Name

MAX SPECIALTY INSURANCE COMPANY
Insurance Company

Policy Number / Effective Date

<i>SERFF Tracking Number:</i>	<i>MAXA-125915318</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Max America Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>MA-NIM-2008-106-AF (AR)</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
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<i>Project Name/Number:</i>	<i>Non-Filed Inland Marine New Program Submission/MA-NIM-2008-106-AF (AR)</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>MAXA-125915318</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Max America Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
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<i>Project Name/Number:</i>	<i>Non-Filed Inland Marine New Program Submission/MA-NIM-2008-106-AF (AR)</i>		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	11/24/2008
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Comments:

Attachment:

AR NAIC.pdf

Satisfied -Name:	Cover Letter	Review Status:	Approved	11/24/2008
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Comments:

Attached is the cover letter for this submission.

Attachment:

Cover Letter - AR.pdf

Satisfied -Name:	AAIS Filing Authorization Notification	Review Status:	Approved	11/24/2008
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Comments:

Attached is the AAIS Filing Authorization Notification for this submission.

Attachment:

AAIS Filing Authorization Notification (2).pdf

Satisfied -Name:	Forms Listing	Review Status:	Approved	11/24/2008
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Comments:

Attached is the forms listing for this submission

Attachment:

Forms Index.pdf

Satisfied -Name:	Letter of Authorization	Review Status:	Approved	11/24/2008
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Comments:

Attached is a letter authorizing Westmont Associates to submit this filing on the Company's behalf.

<i>SERFF Tracking Number:</i>	<i>MAXA-125915318</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Max America Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>MA-NIM-2008-106-AF (AR)</i>		
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<i>Product Name:</i>	<i>Non-Filed Inland Marine Submission</i>		
<i>Project Name/Number:</i>	<i>Non-Filed Inland Marine New Program Submission/MA-NIM-2008-106-AF (AR)</i>		

Attachment:

Letter of Authorization.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
-----------	---	--

7.	Effective Date of last rate revision	
-----------	---	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		[] New [] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	



WESTMONT
ASSOCIATES, INC.

November 21, 2008

The Department of Insurance
Property and Casualty Division
Form Review Section

RE: Max America Insurance Company / NAIC #21296
Non-Filed Inland Marine Program
Form Filing
Company Filing #: MA-NIM-2008-106-AF (AR)
Effective Date: Upon Earliest Possible Approval

To Whom It May Concern:

Enclosed please find the Company's Non-Filed Inland Marine Program Form filing. This filing represents a new filing for the Company and does not replace any currently filed forms. A letter permitting Westmont Associates, Inc. to submit this filing on the Company's behalf is enclosed.

The Company is filing to adopt all Non-Filed Inland Marine AAIS forms, as well as any subsequent revisions to said forms. Enclosed is the Company's AAIS Filing Authorization Notification for your reference.

In addition, the Company is filing the attached independent declarations page and policy jacket for your review. Please note that the Company intends to use the ACORD application forms for this program.

Finally, the Company is submitting the attached terrorism selection/rejection forms.

Please note that the corresponding rates and rules are exempt from filing requirements in the state.

Your approval and/or acknowledgement of this submission is respectfully requested, with the earliest permissible effective date. Thank you for your attention to this matter.

Respectfully Submitted,

Jennifer Waldron

Jennifer Waldron

Supervisor

jenb@westmontlaw.com

Enclosures

cc: M. Kirn
C. Adiletto



Filing Authorization Notification

Email: PatP@AAISonline.com

Line of Insurance: **Nonfiled Inland Marine**

Filing Authorization Effective Date: **October 15, 2008**

Company Name:	Max America Insurance Company
Company Address:	9020 Stony Point Parkway, Suite 325
	Richmond, VA 23235
NAIC# :	21296

	Type of Notification
X	Initial Filing Authorization
	Revised Filing Authorization

The company identified above is an affiliate of the American Association of Insurance Services (AAIS) and elects to change AAIS filing authority for Loss Costs, Rules, and/or Forms as indicated in the chart below. For those items that indicate filing authorization has been granted, please consider all currently filed and approved AAIS materials and any materials filed by AAIS in the future as filed on behalf of this company.

Filing Authorization Legend		
C= Current Authorization	A=Add Authorization	D=Delete Authorization

State	Loss Costs	Rules	Forms
Alabama*	Exempt		
Arizona*	Exempt		
Arkansas*	Exempt		A
California [∞]	Filing Authorization Not Available		
Colorado [∞]	Filing Authorization Not Available		Exempt
Connecticut*	Exempt		
Delaware*	Exempt		
District of Columbia*	Exempt		A
Florida*	Exempt		
Georgia*	Exempt		
Idaho*	Exempt		
Illinois*	Exempt		A
Indiana*	Exempt		
Iowa*	Exempt		A
Kansas*	Exempt		A
Kentucky ^(CG)	See Compliance Guide	Exempt	
Louisiana*	Exempt		A
Maine*	Exempt		
Maryland*	Exempt		
Massachusetts*	Exempt		A
Michigan*	Exempt		
Minnesota*	Exempt		
Mississippi*	Exempt		
Missouri ^(CG)	See Compliance Guide		
Montana [∞]	Filing Authorization Not Available		A
Nebraska [∞]	Filing Authorization Not Available		A

State	Loss Costs	Rules	Forms
Nevada*	Exempt		A
New Hampshire*	Exempt		A
New Jersey*	Exempt		
New Mexico*	Exempt		A
New York-Builders Risk (SCG)	See Compliance Guide		A
North Carolina*	Exempt		
North Dakota*	Exempt		
Ohio*	Exempt		
Oklahoma*	Exempt		A
Oregon*	Exempt		A
Pennsylvania*	Exempt		
Rhode Island*	Exempt		
South Carolina*	Exempt		A
South Dakota*	Exempt		
Tennessee*	Exempt		
Texas [∞]	Filing Authorization Not Available		
Utah	Exempt		
Vermont ^(CG)	See Compliance Guide		A
Virginia- Motor Truck Cargo/Bailee Cust Floater/Dry Cleaners Classes▲*	Exempt		A
Washington*	Exempt		A
West Virginia*	Exempt		A
Wisconsin*	Exempt		A
Wyoming*	Exempt		
Hawaii*	Exempt		
Alaska*	Exempt		
Puerto Rico*	Exempt		

▲ Only specific classes are required to be filed.

∞ Loss Costs, Rules and/or Forms have been filed on an advisory basis. Affiliated companies must reference file to adopt.

* Loss Costs, Rules and/or Forms are not subject to state filing requirements

^(CG) See Company Action in "State Notes" section of the Compliance Guide.

This Authorization supersedes any previous Authorization and shall remain in effect until written notice of amendment or cancellation is filed by the undersigned or by the American Association of Insurance Services in your office.

Signed By: 

Title: SVP, CFO, Treasurer & Secretary

Date: October 28, 2008

FORMS INDEX

<u>Form Number</u>	<u>Form Name</u>
IMPMADEC (11/08)	Inland Marine Policy Declarations
JACMADEC (11/08)	Inland Marine Policy Jacket
MXA100 (10/08)	Policyholder Disclosure Notice of Terrorism Insurance Coverage
MXA101 (10/08)	Policyholder Disclosure Notice of Terrorism Insurance Coverage (TRIA Included)



November 5, 2008

State Insurance Department

RE: Max America Insurance Company
NAIC#:21296
FEIN#: 35-0293730
Letter of Authorization
Filing of Forms, Rates and Rules

To Whom It May Concern:

In accordance with the applicable statutes and regulations of your state, Nancy Stepanski, Wesley Pohler, Jennifer Waldron and Westmont Associates, Inc. are hereby authorized to file form, rate and rule filings on behalf of the Max America Insurance Company.

Thank you for your attention to this matter.

Respectfully Submitted

Sincerely,

Stephen M. Loderick
SVP, CFO, Treasurer & Secretary